STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL025023 02/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **603 WEST STREET** GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Follow Up Survey by Billy S. Bryant and Greg Cates conducted on 02/02/2016. Items from the Biennal Survey on 07/22/2016 remain to be corrected. {C 133} Bathrooms-Hand Grips {C 133} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: I. Based on observation the facility grab bars are not currently installed to function as intended when required for use by the occupants. Finding on 02/02/2016: a. North Hall Unisex Bath - The grab bar for the tub is loose and unstable. {C 152} Entrances-Steps, Porches with Handrails {C 152} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and quardrails; This Rule is not met as evidenced by: 1. Based on observation the facility quard rails

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.	VI	F	•
		HAL025023	B. WING			2/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	R THE AGED 603 WEST NEW BER	STREET N, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 152}	Continued From pa	ge 1	{C 152}			
	when required for s Guardrails are inter to assist occupants	stalled to function as intended upport by the occupants. Inded as a safety measure and in navigating steps.				
	exit door stoop hav unsupported and al	2016: e ends of the guardrails at the e been cut so they are bout 12" short of being ding wall at the door.				
	b. Johnny Sampson Hall - At the exit door from the corridor the concrete at the stoop's guard rail post has broken away and the guardrail is unsupported and unstable. The ends of the guardrail have now become completely detached from the building wall.					
	ends of the guardra	702/2016: or Adjacent to Room #24 - The hil have now become and from the building wall.				
{C 160}	Outside Premises-0	Clean, Safe	{C 160}			
	(1) The outside gro					
	exterior of the build	et as evidenced by: ration there is an area at the ing across from the dining y concern for occupants of the				

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
	U41.007000		B. WING		R	
		HAL025023	B. WING		02/0	2/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	R THE AGED	RSTREET RN, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 160}	Continued From pa	ige 2	{C 160}			
	facility who may be	outside.				
	Finding from 02/02/ a. Exterior - Tempo been placed around	rary vinyl net type fencing has				
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
	This Rule is not met as evidenced by: 1. Based on observation there is a pattern of the floors not being kept in good repair as evidenced by but not limited to the specific examples listed in the findings. Damaged floors may be difficult to maintain in a clean manner and do not contribute to a desirable living environment.					
	Findings from 02/02 a. Johnny Sampsor floor tile is cracked	n Hall Room #5 - The VCT				
	b. Restroom - The cracked and damage	VCT around the floor drain is ged.				
	portion of the floor I	Right at the Living Room - A has collapsed. Note: Could not uring the follow-up survey.				
	d. Living Room - A	section of the floor base has				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP		
,			A. BUILDING:	01		
		HAL025023	B. WING		02/0	2/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	R THE AGED	T STREET RN, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ige 3	{C 164}			
	detached from the	wall				
	coming unglued fro	#27 - Tiles are loose and om the wood floor the underlayment show signs				
	seen from the base	nin Electrical Panel Room - As ement steps the wood floor of ctrical floor is rotting.				
	interior walls and co evidenced but not li listed in the findings	vation there is a pattern of eilings not in good repair as imited to the specific examples s. Damaged walls and ceilings naintain in a clean manner and a desirable living				
	Finding on 02/02/20 a. North Hall - Roor deteriorating due to	m #32 - The walls finish is				
	b. North Hall - Rest water closet has me	room - The wall beside the oisture damage.				
	The previously rotte	2/02/2016: lain Electrical Panel Room - ed wood walls have been all and there is mold forming				
		ned walls of the stairwell to the vere moisture damage. The ng and is moldy.				
	furnishing that are r	vation there is a pattern of not in good repair as imited to the specific examples				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		E SURVEY PLETED		
		HAL025023		B. WING			R 02/2016
	PROVIDER OR SUPPLIER HEPHERD HOME FOI	R THE AGED	603 WES	DRESS, CITY, S F STREET RN, NC 2856	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED E SC IDENTIFYING INFORI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{C 164}	Continued From palisted in the findings furnishings and fixture furnishings do not denvironment. Findings from 02/02 d Room #27 - The variety of the North Hall. b. Resident rooms are identified by the exterior walls as the specific items listed by the building Exterior boards have peeling from rot at various of the building Exterior frames are damaged. Building Exterior frames are damaged.	s. Damaged furniturers or lack of requirements or lack of requirements or lack of requirements or lack of requirements of lack of requirements of lack of the counter top lack of lack	dressers, rooms on ased by the are missing of the ssues for t limited to and fascia maged e perimeter bod is being m.	{C 164}			
	Finding on 02/02/20	•					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY PLETED		
		HAL025023		B. WING		02/0	२ 02/2016
	PROVIDER OR SUPPLIER	R THE AGED	603 WES	DRESS, CITY, S F STREET RN, NC 2856	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI MUST BE PRECEDED B SC IDENTIFYING INFORM	ES Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
{C 164}	Continued From para. The gutter outside damaged. New Finding on 02/2 a. The concrete randoor has dropped a and presents a tripped. 5. Based on observe generators, the resimple sture and water. This may be effective deterioration of the basement stair wall floor and walls. New Finding 02/02/2 a. Exterior - There are masonry wall where conduits.	le of the kitchen are 202/2016: Inp from the living ro It way from the conciping hazard. It was attended to the exterior of the exterior at the area necessance of the exterior penetration is coming the facility by proplement of the main election of the exterior of the e	ear the old for wall to promised. omoting the the ctrical room	{C 164}			
{C 166}	Housekeeping-Main SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observ hazards. Obstruction effect all occupants facility in the event	PHYSICAL PLANT 06 HOUSEKEEP es shall: n an uncluttered, cle of all obstructions apply to new and e et as evidenced by: ration the facility is runs to paths of egre when evacuating f	ean and and and aircritishing	{C 166}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED			
	HAL025023		B. WING		F 02/0	R 2/2016	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	, 02.0	
GOOD S	HEPHERD HOME FOR	R THE AGED	603 WES	T STREET RN, NC 2856			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCII MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 166}	Continued From particles Findings on 02/02/2 a. Overgrown veget exterior path of egret the exit to the front. b. Front Exit Johnny edge of the plant be on the required clear of the landing area leading from the storage of the landing from the storage of the landing from the storage of the landing from 02/02/a. Room #20 - Wheeleast of the landing from 02/02/a. Room #20 - Wheeleast of the landing from 02/02/a. Room #20 - Wheeleast of the landing from 02/02/a. Room #20 - Wheeleast of the landing from 02/02/a. Room #20 - Wheeleast of the landing from 02/02/a. Room #20 - Wheeleast of the landing from 02/02/a.	2016: cation is intruding intess at the sidewalk/of the building. y Sampson Hall Cored and plantings end at width for the path at the bottom of the pop at the exit door. ation the facility is recannot be completed all occupants and fire to the area and fire to the area and fire to the area and for the Dutch do ally latching lock settop half of the Dutch on could prevent the the door cannot restation the facility is reloors that do not opow an occupant to be 2016:	rridor - The croaches of egress steps not free of rely closed by failing to a of origin. dead bolt closed. for does the door that the door that the door that the door the closed sist the closed.	{C 166}			
	completely closed a from the inside.	and latched it will no	t open				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED	
			A. BOILDING.		R	2
		HAL025023	B. WING			2/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	R THE AGED	STREET RN, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 166}	Continued From pa	ge 7	{C 166}			
	New Finding on 02/ a. Restroom Adjace not completely clos	ent to Room #2 - The door will				
	generators, the res moisture and water This may be effecti deterioration of the basement stair wall	vation at the area near the old istance of the exterior wall to penetration is compromised. In the facility by promoting the plaster finish and mold on the last and the deterioration and electrical room floor and walls.				
		02/2016: are holes in the exterior the the wall is penetrated by				
	hazards. Electrical maintained to preven	ration the facility is not free of devices that are not ent residents from coming into zed electrical components are nts of the facility.				
	New Finding on 02/ a. Room #30 - The light fixture.	/02/2016: re are open light sockets in the				
{C 170}	Housekeeping-Curl	tains, Blinds, Res. Privacy	{C 170}			
	in resident use area privacy;	06 HOUSEKEEPING AND				

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL025023 02/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **603 WEST STREET** GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 170} Continued From page 8 {C 170} This Rule is not met as evidenced by: 1. Based on observation there is a pattern of the facility is not providing blinds, curtains or draperies in resident rooms as evidenced by but not limited to the specific examples listed in the findinas. Findings on 02/02/2015: a. There are at a minimum 6 rooms with damaged blinds or without proper curtains for privacy. {C 189} (C 189) Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation fire safety systems have not been maintained. Fire resistant rated construction that is not maintained could effect all occupants of the facility by failing to prevent the spread of fire and smoke from the area of origin. New Finding on 02/02/2016: a. Dining Room - Main Electrical Closet - There are gaps in the dry wall ceiling where it is penetrated by the conduits from the electrical panels.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION 01		E SURVEY PLETED		
		HAL025023	3	B. WING			R 02/2016
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	R THE AGED		T STREET RN, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{C 189}	Continued From particles of the cocupants of the occupants of the close electrical panel more of the occupants of the close electrical panel more of the occupants occupan	rations the electrical equipolar roperly could be fight facility. 2016: ex Bathroom nexture did not work the soda vending accounted in the wall. eiling light fixture ent to Room #2 - not trip when tested. rations there of Honot been maintal. There is a patter old knobs, control ged covers as evolutionent that does into of rooms by equired for residents. 2016: HVAC Unit is dather rooms - The	I in an ment that a safety issue at to Storage k. machine ess to the ess to	{C 189}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED		
	HAL025023		B. WING			R 02/2016	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	R THE AGED		T STREET RN, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM	′ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ige 10		{C 189}			
	the cover is detached	ed from the room sid	de of the				
	c. Living Room - Th working, the plug is	ne thru-wall HVAC uncertainty to contract the cord.	nit is not				
	4. Based on observations the plumbing system not been maintained. Some fixtures require repair and plumbing that is leaking could contribute to the mold growth and water damage found in the facility.						
	New Findings on 02/02/2016: a. Basement Water Heater Room - There is a new active leak in the water piping that has caused water to accumulate on the basement floor.						
	b. The Basement s	ump pumps are not	operating.				
{C 199}	Exhaust Ventilation			{C 199}			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	LETED	
	HAL025023		B. WING		F 02/0	2/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	02/0	2/2016
		603 WEST	, ,	STATE, ZIF GODE		
GOOD S	HEPHERD HOME FOR	NEW BER	N, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 199}	Continued From pa	ge 11	{C 199}			
	providing exhaust v fans that do not ope	et as evidenced by: ation the facility is not entilation as required. Exhaust erate could effect occupants of chausting odors and fumes.				
	Findings from 02/02 a. North Hall Tub Roworking.	2/2016: oom - The exhaust fan is not				
		n Hall, Restrooms Adjacent to aust fans do not work.				
		coom - There are chemicals without an exhaust fan				
	d. South Hall, Wom fans is not working.	en's Restroom - The exhaust				